

COVER PAGE

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
ADAMS, III	LELAND 'LEE'	CARROLL	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			
OPTIONAL E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

COUNTY OF SIERRA

Division, Board, District, if applicable:

BOARD OF SUPERVISORS

Your Position:

COUNTY SUPERVISOR, DISTRICT ONE

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: SEE ATTACHED EXHIBIT

Position: SEE ATTACHED EXHIBIT

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of SIERRA

☐ City of

☒ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / /, through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☐ Candidate Election Year: / /

4. Schedule Summary

► Total number of pages including this cover page: 6

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/19/2010
(month, day, year)

Signature [REDACTED]
(File the originally signed statement with your filing official)

SCHEDULE D
Income – Gifts

Name

LELAND C. 'LEE' ADAMS III

► NAME OF SOURCE

REGIONAL COUNCIL OF RURAL COUNTIES

ADDRESS (Business Address Acceptable)

1215 K STREER, SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 09	\$ 13.00	LUNCH
01 / 15 / 09	\$ 40.00	ANNUAL DINNER
/ /	\$	

► NAME OF SOURCE

PACIFIC FOREST STEWARDSHIP COUNCIL

ADDRESS (Business Address Acceptable)

15 N. ELLSMORTH AV #100 SAN MATEO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

94401

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
SEE ATTACHED	\$ 202.48	MEALS PROVIDED
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

VANIR CORPORATION

ADDRESS (Business Address Acceptable)

620 SUNBEAM AVE, SACRAMENTO, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CORRECTIONS CONSTRUCTION MANAGEMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 09	\$ 40.00	DINNER
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name LELAND C. 'LEE' ADAMS III

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE REGIONAL COUNCIL OF RURAL COUNTIES ADDRESS (Business Address Acceptable) 1215 K STREET CITY AND STATE SACRAMENTO, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): <u>01/01/09</u> - <u>12/31/09</u> AMT: \$ <u>2,236.00</u> (If applicable) TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: REIMB OF MILEAGE TO BOTH RCRC AND PFSC MEETINGS + MEAL REIMB.

▶ NAME OF SOURCE CALIF STATE ASSOC OF COUNTIES ADDRESS (Business Address Acceptable) 1100 K STREET CITY AND STATE SACRAMENTO, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): <u>01/01/09</u> - <u>12/31/09</u> AMT: \$ <u>1200.00</u> (If applicable) TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: REIMB OF MILEAGE TO CSAC MEETINGS

▶ NAME OF SOURCE SIERRA ECONOMIC DEVELOPMENT CORP ADDRESS (Business Address Acceptable) 560 WALL STREET, SUITE F CITY AND STATE AUBURN, CA 95603 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): <u>01/01/09</u> - <u>12/31/09</u> AMT: \$ <u>800.00</u> (If applicable) TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: REIMB FOR MILEAGE TO SEDCORP MEETINGS
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▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable) TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____
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Comments: _____

POSITIONS REPORTED:

AGENCY	JURISDICTION	POSITION
BOARD OF SUPERVISORS	COUNTY OF SIERRA	COUNTY SUPERVISOR, DISTRICT ONE
BOARD OF DIRECTORS	REGIONAL COUNCIL OF RURAL COUNTIES	DIRECTOR, REPRESENTING SIERRA COUNTY
BOARD OF DIRECTORS	CALIF STATE ASSOC OF COUNTIES	DIRECTOR, REPRESENTING SIERRA COUNTY
BOARD OF DIRECTORS	PACIFIC FOREST STEWARDSHIP COUNCIL	ALTERNATE DIRECTOR, REPRESENTING RCRC
BOARD OF DIRECTORS	NORTHERN SIERRA AIR QUAL MGMT DIST	ALTERNATE DIRECTOR, REPRESENTING SIERRA COUNTY
BOARD OF DIRECTORS	SIERRA ECONOMIC DEVELOPMENT CORP	DIRECTOR, REPRESENTING SIERRA COUNTY

FORM 700 Statement of Economic Interests for Calendar Year 2009

List of Agencies and Member Counties

SIERRA COUNTY

<u>Agency</u>	<u>Position</u>
CRHMFA Homebuyers Fund	Delegate
Rural Health Joint Powers Authority	Delegate
California Rural Home Mortgage Finance Corp	Delegate
Environmental Services Joint Powers Authority	Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Nevada County
Calaveras County	Placer County
Colusa County	Plumas County
Del Norte County	San Benito County
El Dorado County	San Luis Obispo County
Glenn County	Shasta County
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County	Sutter County
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolumne County
Merced County	

Pacific Forest and Watershed Lands Stewardship Council
 Form 700 Expenditures
 2009 Planning Committee Meetings

Meeting Date	Cost	# Attendees	Cost/Attendee
January 21	\$622.59	25	\$24.90
March 04	\$676.97	25	\$27.08
April 08	\$676.97	25	\$27.08
May 20	\$622.59	25	\$24.90
August 05	\$622.59	25	\$24.90
September 02	\$622.59	25	\$24.90
October 21	\$672.40	27	\$24.90
December 02	\$595.41	25	\$23.82